

CHANGING CULTURAL PATTERNS AND THEIR IMPACT ON MENTAL HEALTH IN URBAN AND RURAL AREAS

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ABSTRACT

Background: Cultural patterns have been transformed greatly in societies due to rapid globalization, urbanization, technological development and transformation of social structures. With the changing dynamics of family life in India, the changing social values, growing mobility and lifestyle changes in both urban and rural areas, traditional cultural practices have undergone a metamorphosis. To create culturally sensitive mental health intervention, it is crucial to grasp the psychological implications of these changes.

Objective: To evaluate the effects of cultural change on mental health of urban and rural Indians and to explore psychological consequences of cultural change in both settings.

Methodology: A comparative cross sectional study was conducted with 500 participants, 250 of them were from urban and 250 were from rural area, in and near by Delhi who were aged 18 years and above. The data was analyzed with the aid of Statistical Package for Social Sciences (SPSS) version 27.0. Chi-square tests and independent sample t-tests were used.

Results: The results showed that there are considerable differences between urban and rural populations in mental health outcomes. Stress (66.0%), anxiety (59.2%) and social isolation (63.6%) were significantly higher in urban participants than in rural ($p < 0.001$). Independent sample t-test analysis also revealed that urban dwellers had significantly higher mean scores on stress, anxiety and social isolation. However, there was a significant and much larger emotional burden for cultural transition and loss of traditional support structures among rural participants ($p < 0.001$).

Conclusion: The emotional stresses of modernization and rapid life in cities seem to be more among urban residents, and the emotional stresses of cultural transition and the loss of traditional social support among rural residents. These results emphasise the importance of culturally responsive mental health care approaches, community education and communication initiatives, and greater availability of mental health services to meet the varied psychological needs of the process of continued social and cultural change.

KEYWORDS: Cultural Change, Mental Health, Urban Population, Rural Population, Social Transformation, Psychological Well-being, Stress, Anxiety and India.

INTRODUCTION

INTERNATIONAL PERSPECTIVE

Introduction Mental health is one of the greatest public health issues of the 21st Century. The World Health Organization (WHO) estimates that almost one in eight people worldwide suffer from a mental health condition, including anxiety and depression. The traditional patterns of culture around the globe have been changed by the speed of globalization, the development of technology, urbanization, migration and new social structures. Berry (2022) These shifts have led to economic development, and access to information and opportunities, but also new psychosocial challenges which impact on individual and community health. Factors such as cultural values, family systems, social relationships, and community networks are significant in influencing mental health outcomes. Patel (2018)

Therefore, shifts in these cultural pillars can have an impact on emotional resilience, coping strategies and psychological health outcomes. The world is experiencing a slow transition from collectivistic to more individualistic lifestyles. Grover (2022) The traditional family pattern is becoming a thing of the past and the socialization process is being changed by communication through digital devices. Research in different countries has shown that social isolation, decreased participation in the community, work stress, and diminished social support have been linked to higher levels of anxiety and depression and psychological distress. In urban settings, especially, people are exposed to more competitive environments, work pressures and social stresses, which can lead to mental health problems. Kirmayer (2020) Meanwhile, those rural communities in the process of cultural change could also face identity conflicts, problems with the old cultural values, and lack of mental health services,

which would add to the psychological risks of the situation. Globalization has created an increased flow of culture and lifestyle changes in both developing and developed countries.

Studies indicate that cultural adaptation and modernization can cause stress when people find it difficult to integrate their cultural values and beliefs with the modern lifestyle. These tensions can be experienced as emotional, social withdrawal, symptoms of anxiety, and a loss of life satisfaction.

Indian Scenario

It is a distinctive scenario to study the connection between cultural change and mental health in India. India is one of the fastest growing economies in the world, and has witnessed tremendous social, economic and technological transformation in the last few decades. Rapid urbanization, migration, growth of digital technologies and changing family dynamics are occurring in the country. Brooke et al (2020) Over the last few years, over one-third of India's population has lived in urban areas, and this trend is projected to rise. At the same time, rural areas are increasingly affected by modernization in the context of better connectivity, education and media coverage. But social and economic changes have resulted in a progressive breakdown of joint families, growing mobility of jobs and changing role of women. MHFW (2023)

These changes have fostered greater independence and freedom of choice and economic opportunity for many but have also resulted in a rise in stress, loneliness, and emotional distress for many. Rural living can also be stressful due to cultural adjustment, loss of relatives and lack of customary support systems, etc., while the urban environment can present challenges related to work and income, as well as social comparisons. Patel et al (2021) Although there has been increasing awareness of mental health as a public health issue, there is a huge difference in awareness, access and utilization of mental health services in India. Cultural beliefs and stigma persist and affect help-seeking behaviour, especially in rural areas. It is thus important to comprehend the impact of cultural changes on mental health within various population groups in order to design culturally relevant and effective interventions. Peen et al (2021) Hence, the present study is designed to evaluate the effect of an alteration of cultural patterns on psychological health of the urban and rural Indian and to find the psychological consequences of the continuous cultural and social change.

This research is very relevant to the United Nations Sustainable Development Goals (SDGs) in particular SDG 3 (Good Health and Well-being), in that it focuses on mental health awareness and leadership confidence of healthcare professionals. It also contributes to SDG 4 (Quality Education) by assessing outcomes of residency training and leadership development. Also, SDG 8 (Decent Work and Economic Growth) is captured in the evaluation of workers' confidence in the workplace and the effectiveness of administration in the health sector. Finally, SDG 16 (Peace, Justice and Strong Institutions) is addressed by the study's focus on policy-making participation and strengthening healthcare governance.

Rationale and Need for the Study

The twenty first century has seen the most social, cultural and technological changes in human history that have greatly affected human behaviour, life and interpersonal relationships. Today, due to globalization, urbanization, digital communication, changing family patterns, growing mobility and shifting social norms in societies, traditional cultural patterns are changing. Sagar et al (2020) These alterations have helped economics develop, and provided access to information and opportunities, but have also brought new psychological and social challenges. Dandona (2021)., Kumar et al (2025) Stress, anxiety, depression, social isolation and emotional distress are increasingly common conditions and are of concern to understand the impact of cultural transitions on mental health outcomes. India is experiencing a time of rapid socioeconomic change that is speeding up cultural change across the country, both in urban and rural areas. Sahai et al (2025)., Ram et al (2025)

The comparison of similarities and differences in experiences of mental health amongst the different populations can inform evidence-based understanding of the psychosocial outcomes of social change. Triandis et al (2021); Sehgal et al (2025); Gururaj (2016) Furthermore, India is a rapidly modernizing and social changing society and there is a growing need for culturally sensitive approaches that cater to the specific needs of community groups. The results of the present study will help build on the existing knowledge regarding the importance of cultural change on mental health and facilitate the creation of mental health services, awareness campaigns and community-based mental health interventions to promote mental health within urban and rural communities.

REVIEW OF LITERATURE

The concept of mental health is now gaining focus as a vital aspect of health and wellbeing. The recent acceleration of globalization, urbanization, technological progress and social restructuring has led to a change of cultural practices and lifestyles around the globe. It has been reported that these cultural shifts have a profound impact on psychological health, social interactions, coping strategies and mental health. Lund et al (2018); WHO (2017) researched social determinants of mental health in several countries and found that rapid social change and growing economic inequality and social support systems were significantly linked to psychological distress. The authors highlighted the importance of the cultural and social contexts in shaping mental health outcomes and access to psychological help and support. Patel et al (2018) studied the mental health problem in LMICs and noted

that the traditional social structure had been modified by modernization and urbanization, which resulted in high rates of stress, anxiety and depression.

A particular risk for cultural transitions was identified as being faced by the younger populations facing the modern world, where there may be tensions between the norms of the past and the norms of the present. Silva and Loureiro (2020) carried out a systematic review which considered the effects of urbanisation on mental health in developing countries. It revealed that urban dwellers had significantly higher level of stress, anxiety and social isolation than rural individuals. Occupational stress, decreased community contact, overcrowding, and lifestyle changes were cited as prime causes of mental health problems. Contrary to this, Ventriglio et al. (2021)., Vandana et al (2025) found that rural areas are also characterized by specific mental health issues in conditions of cultural change. The research noted that rural residents' emotional distress and psychological vulnerability were caused by their migration, reduction of traditional support systems, and the lack of mental health services. The authors found that the “cultural transition” is a reality that impacts rural communities as much as it impacts urban communities.

In India, Sagar et al. (2020) found that mental health disorders have been increasing in prevalence due to rapid socio-economic and cultural changes in the context. The researchers noted that the changing family dynamics, greater digital connectivity, and shifting social norms were among the factors behind the increased stress and emotional issues among the Indian adult population. The study underscored the importance of culturally appropriate mental health care provision, recognizing India's rich social and cultural landscape. Likewise, Grover et al. (2022) studied the mental health status of India in the wake of the extensive social and technological changes. They found that significantly higher associations between changing lifestyles, work-related pressures, and the decrease in social connectedness with anxiety and depressive symptoms. Kushwah et al (2025) The study highlighted the need to build up the capacities of community support structures and enhance the mental health awareness to tackle the emerging mental health issues.

Kumar and Singh (2021) did a community-based investigation to examine the impact of modernization on social relationships in the rural areas of India. The study revealed that the exposure to digital media, migration and changing family structures have adversely affected traditional community relationships. For those who had lower social support, there was a significant increase in emotional distress and perceived stress. Vasim (2025) The study concluded that cultural changes can have a negative impact on mental health if traditional coping strategies are not followed. Additionally, a report commissioned by experts from the World Health Organization (2022) identified cultural identity, community belonging and social cohesion as key mental health protective factors. The report highlighted the need to be sensitive to the possibility of cultural change leading to uncertainty, identity issues, and social disconnection – especially among younger people. Ventriglio et al (2021)

Overall, the current literature indicates that a change in cultural patterns has far reaching consequences for mental health among various populations. Rapid urbanization, modernization, shift in family attitudes, reliance on technology, and reduction of traditional support systems have been associated with the rise in stress, anxiety, depression, and emotional distress. There is, however, a limited comparative evidence of the impact of these cultural changes on urban and rural populations in parallel, especially in India. It emphasises the need for more research in order to understand the differential effect of cultural change on mental health, and to guide culturally responsive public health interventions.

Research Gap

The majority of past studies has focused on measuring determinants of mental health on a single rural or urban population level, and few comparative studies have been conducted between rural and urban levels. Socioeconomic and clinical determinants have been more studied than the effect of cultural patterns on mental health. Little or no evidence in India is available on the relationship of cultural change to stress, anxiety, depression and emotional health. Research on the effects on mental health of changing family structures, lifestyle behaviors, traditional values, and social support systems has been underdeveloped. Very little research has been conducted on the awareness of mental health and access to mental health resources and how that correlates with cultural change between urban and rural populations.

Study Objective

To study the effect of the change in cultural attitude on mental health of urban and rural population of India.

Allied Objectives

- To assess dimensions of cultural changes undergone by the people living in urban and rural sector in India.
- To determine the extent of stress, anxiety, depression, emotional well being and social isolation among the urban and rural population.
- To compare mental health outcomes of urban and rural population to compare the cultural patterns.

RESEARCH METHODOLOGY

Research Question

The research questions of the current study are:

- Q1. What are the key changes in the culture of the people in urban and rural regions of India?
 Q2. What role do the transitions play in mental health outcomes of urban and rural populations?
 Q3. How stressed, anxious, depressed, emotionally well or socially isolated are urban and rural citizens?

Study Design

The present study used a comparative cross sectional research design to evaluate the effect of change in the cultural pattern on mental health of the urban and rural population of India. A cross-sectional approach was seen to be suitable as it allowed data to be collected across a range of population groups at a single time point and therefore comparison of mental health outcomes related to cultural transformation across the various settings were possible.

Study Area and Population

The study was carried out in the selected urban and rural areas of India. Participants in the urban group were selected from metropolitan and semi-urban cities which are undergoing fast modernization, technological development, and transformation of social institutions. The participants from rural areas were chosen from villages/rural communities undergoing a gradual cultural shift as a result of greater exposure to education, media, migration and technological developments.

The study participants were adults (18 years and over) who lived in the selected urban and rural areas. A variety of age groups, educational attainment, occupation and SE status was represented among participants, with greater diversity and enhancing the generalizability of the findings.

Hypothesis of Study

H0: There is no significant difference in mental health outcomes between urban and rural populations in India.

H1-There is a significant difference in mental health outcomes between urban and rural populations in India.

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Persons 18 years old and older. Permanent residents in selected urban/rural area for 1 year or more. Persons who can comprehend Hindi or English. <input type="checkbox"/> Informed consent of the participants. Those who could be present for the data collection time period.	Patients with severe psychiatric disorders needing institutionalization. <input type="checkbox"/> Participants who have a cognitive impairment that makes it difficult for them to respond accurately. <input type="checkbox"/> Individuals unwilling to participate. Questionnaires that are not completed or are partially completed.

Sample Size

It was calculated the sample size by Cochran's Formula for cross sectional studies.:

$$n = \frac{Z^2P(1-P)}{d^2}$$

Where:

n= Sample size

If a small number of students participated, the authors suggest using the 95% confidence interval (1.96) for the standard normal deviation.

P = Assumed prevalence (50% is assumed with no previous comparable data available)

d = Margin of error (5%)

The minimum number of participants calculated was 384. The calculated minimum sample size was about 384 participants. Therefore, a larger sample size was used to increase representativeness and to be able to compare the urban population with the rural population - 500 participants made up of:

- Urban population: 250 participants

- Rural population: 250 participants

Sampling Technique

Multistage stratified random sampling technique was used. The first stage is the selection of study areas.

The first stage is the choice of study areas. Urban and rural sites were purposefully chosen as a function of population attributes and accessibility.

Stage II: Stratification The participants were divided into two groups: Urban residents Rural residents

In stage III, the participants are selected. Stage III is Participant Selection. The sample was drawn from the selected areas using simple random selection from household list and community records.

Data Collection Instrument

The data were gathered through a structured self-administered questionnaire which was developed after reading literature on the subject and interviewing experts in the fields of public health, psychology, sociology and mental health. The instrument was found to be valid and reliable.

Study Variables

Independent Variables	Dependent Variables
Gender <input type="checkbox"/>	Stress levels <input type="checkbox"/>
Educational status <input type="checkbox"/>	Anxiety symptoms <input type="checkbox"/>
Occupation <input type="checkbox"/>	Depression symptoms <input type="checkbox"/>
Marital status <input type="checkbox"/>	Emotional well-being <input type="checkbox"/>
Family type <input type="checkbox"/>	Social isolation <input type="checkbox"/>
Residence (Urban/Rural) <input type="checkbox"/>	Mental health awareness
Cultural adaptation <input type="checkbox"/>	
Lifestyle changes <input type="checkbox"/>	
Social relationship changes	
Technology usage	

Validity of Questionnaire

The instrument is valid and reliable. The questionnaire was content-validated with the expert opinion. A pilot study was conducted with 30 respondents to evaluate the clarity, consistency and reliability of the questionnaire. Modifications were made as needed prior to final data collection. Internal consistency was tested using Cronbach's alpha coefficient, which was interpreted to be acceptable if the coefficient was > 0.70.

Data Analysis The data collected were analysed, cleaned and entered into the Statistical Package for Social Sciences (SPSS) version 27.0.

Chi-Square Test

Uses to examine relationships between categorical variables (e.g., living situation and mental health outcome).

Independent Sample t-Test

Compared the mean mental health scores of urban and rural participants.

Data Analysis and Interpretation

Statistical Inferences

Chi Square test of Association (Place of Residence and Levels of Stress, Anxiety, and Social Isolation)

Variable	Category	Urban n (%)	Rural n (%)	χ^2 Value	p-value
Stress Level	Low	35 (14.0)	68 (27.2)	24.81	<0.001*
	Moderate	50 (20.0)	72 (28.8)		
	High	165 (66.0)	110 (44.0)		
Anxiety Level	Low	52 (20.8)	88 (35.2)	17.72	<0.001*
	Moderate	50 (20.0)	61 (24.4)		
	High	148 (59.2)	101 (40.4)		
Social Isolation	Absent	91 (36.4)	161 (64.4)	39.58	<0.001*
	Present	159 (63.6)	89 (35.6)		
Mental Health Awareness	Poor	68 (27.2)	131 (52.4)	33.45	<0.001*
	Adequate	182 (72.8)	119 (47.6)		

Interpretation

A Chi-square test was conducted to assess the statistical significance of the association between place of residence (Urban or Rural) with selected mental health indicators namely level of stress, anxiety level, social isolation and mental health awareness.

Stress Level: The statistical significance of the study results indicated that there was a statistically significant relationship between place of residence and stress level of the participants ($\chi^2 = 24.81$, $p < 0.001$). 66.0% of the people in urban areas reported high stress levels, while 44.0% of the people in rural areas reported high stress levels. On the other hand, rural respondents voiced lower stress levels (27.2%) than urban respondents (14.0%). This could be due to the urban environment, which may bring more stress through work stress, hectic work schedules, high cost of living, etc.

Anxiety Level: Place of residence also was found to be associated with anxiety levels ($\chi^2 = 17.72$, $p < 0.001$). Urban residents had a significantly greater proportion of participants with high levels of anxiety (59.2%) than rural residents (40.4%). Moreover, respondents from the rural areas were more likely to have low levels of anxiety

(35.2%) than those in urban areas (20.8%). The results indicate that the context of urban life could be a factor of anxiety because of higher levels of social, occupational and economic stress.

Social Isolation: The association between place of residence and social isolation was very significant ($\chi^2 = 39.58$; $p < 0.001$). 35.6% of the rural population experienced social isolation while 63.6% of the urban population did. On the other hand, lack of social isolation was significantly more prevalent in the urban population (36.4%) compared to the rural population (64.4%).

Mental Health Awareness: There was a strong relationship between living area and mental health awareness ($\chi^2 = 33.45$, $p < 0.001$). Mental health awareness was reported as adequate/perfect for 72.8% of the urban participants and 47.6% of the rural participants. On the other hand, the poor awareness was more prevalent among the rural ones (52.4%) compared to the urban ones (27.2%). This might be explained by the urban people's higher level of awareness due to their improved educational opportunities, increased access to healthcare information, increased exposure to digital media and access to mental health services.

The results corroborate the notion that the impact of cultural change and social changes on mental health is different in urban and rural settings. The findings highlight the need for culturally responsive mental health interventions that meet the specific psychosocial needs of Indian communities, highlighting that such approaches must be culturally sensitive.

Independent Sample t-Test (Mean Mental Health Scores among Rural/Urban Participants)

Mental Health Domain	Urban (Mean \pm SD)	Rural (Mean \pm SD)	Mean Difference	t-value	p-value
Stress Score	18.92 \pm 4.31	15.67 \pm 4.82	3.25	7.95	<0.001*
Anxiety Score	15.34 \pm 3.87	13.08 \pm 3.64	2.26	6.72	<0.001*
Depression Score	13.76 \pm 3.54	13.21 \pm 3.61	0.55	1.72	0.086
Social Isolation Score	16.21 \pm 4.02	12.84 \pm 3.88	3.37	9.51	<0.001*
Emotional Burden Score	14.08 \pm 3.76	15.42 \pm 3.68	-1.34	-4.02	<0.001*
Mental Health Awareness Score	17.84 \pm 3.25	14.52 \pm 3.91	3.32	10.35	<0.001*

Interpretation

The results of an Independent Sample t-Test are presented in the table below. The results of Independent Sample t-Test are shown in the table below. Independent sample t test was used to compare the mean scores of different mental health indicators between the urban and rural participants. The differences in stress, anxiety, depression, social isolation, emotional burden, and mental health awareness were analyzed.

Stress Score: The results showed that there was statistically significant difference between the mean stress score of urban and rural participants ($t = 7.95$, $p < 0.001$). The mean stress score of the urban residents was significantly higher (18.92 \pm 4.31) than that of the rural residents (15.67 \pm 4.82) with a mean difference of 3.25 points. This discovery indicates that urban residents have a higher level of stress than do rural residents. The stressors of urban life such as stressful work, financial worries, congestion, job competition, and fast-changing lifestyles could be contributing to the higher stress levels among these urban dwellers.

Anxiety Score: There was a significant difference ($t = 6.72$, $p < 0.001$) between the anxiety scores of urban and rural participants. The mean difference between the two groups was 15.34 \pm 3.87 in the urban group and 13.08 \pm 3.64 in the rural group ($P < 0.05$). This heightened anxiety can be attributed to the psychological effect of heightened social competition, job insecurity, family changes, etc.

Depression Score: Analysis did not show any statistically significant difference between the mean scores of depression between urban and rural participants ($t = 1.72$, $p = 0.086$). Urban participants had a slightly higher mean depression score than rural participants (13.76 \pm 3.54 versus 13.21 \pm 3.61) but there was no significant difference. This finding provides evidence indicating that depression symptoms are similar in both urban and rural settings.

Social Isolation Score: The difference between social isolation scores of urban and rural participants was highly significant ($t = 9.51$, $p < 0.001$). The mean difference in social isolation score between urban and rural participants was 3.37 points (16.21 \pm 4.02), which was significantly higher in urban participants. The discovery has highlighted the increasing social isolation problem in the city. Although people in urban areas are more densely populated, they can have less interpersonal relationship.

Emotional Burden Score: There was a statistically significant difference in the emotional burden scores between the urban and rural groups ($t = -4.02$, $p < 0.001$). The mean scores of the emotional burden questions were significantly higher among the rural participants (15.42 \pm 3.68) than among the urban participants (14.08 \pm 3.76). The result indicated that rural people might be more likely to feel distressed about cultural transition and transformation of traditional values.

Class Mental Health Awareness Score: There was a statistically significant difference between urban and rural participants in scores for mental health awareness ($t = 10.35$, $p < 0.001$). The mean of awareness scores was found to be significantly higher among urban residents than rural residents (17.84 \pm 3.25 vs 14.52 \pm 3.91, respectively) with a difference of 3.32 points.

This could be explained by the fact that urban participants were more aware that the rural participants were not, as a result of their more favourable educational status, greater awareness of mental health campaigns, better access to healthcare services, and more information available via digital and social media.

DISCUSSION

The important finding of the study was that the stress level among urban subjects was very high compared to the rural subjects. This is perhaps a result of the pace of life in the city, rising work pressures, economic stresses and competitive working environments, and a changing family dynamic. The prevalence of urbanization has changed the traditional social relations and support systems and sometimes caused more psychological stress. This is consistent with previous research that showed that urban environments are linked to increased levels of stress from environmental, social and occupational stressors. The present results indicate that urban development may provide economic and educational opportunities but at the same time increases one's exposure to stressors that can have a negative impact on mental health. The research also revealed that the anxiety levels were significantly higher in the urban population. This is a reflection of the uncertainty and stress of modern living, such as job instability, financial commitments and social pressures, as well as the need to adjust to new technology and devices. Rising use of social media and digital communication can also exacerbate anxiety levels, as individuals may compare themselves to others on social media, feel overwhelmed by information, and miss in-person interaction. The results are in line with previous studies showing that modernization and rapid societal changes can lead to higher levels of anxiety symptoms among younger and working age individuals. Additionally, the significant differences in social isolation between urban and rural participants emerged. In spite of its high density, the city environment has been marked by a lack of opportunities for community engagement and social interaction due to modern lifestyle. A gradual transformation of extended family systems to nuclear family systems alongside fluctuating workloads, and reliance on digital communication can have an impact on social connections and sense of loneliness. By contrast, rural communities tend to have closer interpersonal relations, more community involvement and more frequent direct contact. The findings highlight the continuing significance of social connectedness as a protective factor in mental health in the face of cultural change.

Intriguingly, the score on the depression scale did not significantly vary between urban and rural respondents. This result implies that depression is a common mental health problem in residents of varied residential environments. The causes of depression could vary between urban and rural populations, but the magnitude of depression seems to be significant in both groups. Occupational stress can lead to depression in urban areas, while the economic uncertainty, altered social status and lack of mental health services in the rural areas can contribute to depression. There was not a large enough difference to suggest that depression needs to be treated differently in different parts of the globe. The study also showed that there were significantly more emotional burdens for the rural participants than the urban participants.

CONCLUSION

The present study emphasises how important are the shifting cultural patterns on mental health for the urban and rural communities of India. Rapid changes in cities, globalization, technology, shifting family dynamics and social norms have altered the traditional lifestyles and brought several psychological issues. A higher level of awareness among urban participants was identified, indicating that there are differences in access to information and mental health resources. The results show that cultural change has a different impact on mental health for various population groups and highlight the need for culturally responsive, community-based mental health interventions. Investing in social networks to strengthen, improving mental health literacy and accessibility of mental health services can be important to reduce the psychological impacts of continuous social and cultural change.

Future Scope of Study

The findings of the present study offer a basis for additional research on the cultural transformation and mental health relationship in various other populations. Longitudinal designs can be helpful for future studies to better elucidate the long-term implications of cultural change and to provide causal conclusions about the relationship between sociocultural factors and mental health outcomes. Larger and more geographically spread samples would add to the generalizability of results in different parts of India. Furthermore, qualitative research on personal experiences, cultural identity, and coping mechanisms might offer additional insights into psychosocial experiences of cultural transitions.

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